



**GETTYSBURG
MONTESSORI**
CHARTER SCHOOL

Inspiring a Love of Learning

RN HEALTH ALERTS: _____

2020 / 21 EMERGENCY CONTACTS & HEALTH INFORMATION

EACH YEAR, PLEASE COMPLETE & RETURN FORM TO SCHOOL IMMEDIATELY.

Student's Name: _____

Date of Birth: _____ Gender: _____ Grade: _____ Teacher: _____

Address: _____

Mother's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Father's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Guardian's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

PARENTS / GUARDIAN'S ARE ALWAYS CALLED FIRST. Emergency Contacts Must Bring Photo ID.

List Adults Who May Pick-Up & Care for Child if the School Is Unable to Contact You Within Twenty Minutes.

Name: _____ Phone: _____ Cell: _____ Family or Friend

Name: _____ Phone: _____ Cell: _____ Family or Friend

For Car Riders: Please List Names of Adults Who May Pick Your Child Up. They Must Bring Photo ID.

Name: _____ or _____ or _____

Name: _____ or _____ or _____

For Bus Riders: AM or PM or Days _____ Bus Number: _____ School District: _____

DO YOU GIVE CONSENT FOR THE USE YOUR CHILD'S IMAGE / PHOTO / VIDEO?

On GMCS Website: Yes or No

On GMCS Facebook: Yes or No

For Public News Outlets: Yes or No

Parent/Guardian Signature _____ Date _____

**** HELP US IN TIMES OF EMERGENCY ** PLEASE INFORM SCHOOL WITH ANY CHANGES. ****

**** TURN OVER & COMPLETE HEALTH HISTORY & CONSENTS****



BRIEF HEALTH HISTORY

OTC & CARE CONSENTS

Health Condition	Yes	No	Comments: Health concerns or info about your child
Allergies List-			
Asthma			
Serious Accidents / Injuries / Surgery			
Head Injury / Concussion			
Hearing Issues			
Vision Issues – glasses / contacts			
Heart / Lung Problems			
Epilepsy / Seizure Disorder			
Attention Deficit Disorder/Hyperactivity			
Daily Medication-			
Physical Limitations			

CONSENT: The nurse may provide first aid care and administer generic OTC medication as indicated below:

All Stocked OTC: Yes No *Do Not Give My Child Any Items I've Crossed Out* Please Initial: _____

Pain / Fever reducer <i>generic</i> Tylenol or Ibuprofen	Stomach upset Antacids/calcium Anti-gas drops	Cold / Allergy Relief Benadryl, Cold / Cough Syrup Cough / Sore Throat Liquid	Minor Relief Throat or Cough Drops Saltwater gargle
Oral Mouth Care Lip Balm / Vaseline Orasol / Mouthwash	Eye Care Sterile Eye Wash Saline Eye Drops	First Aid Topical Analgesics Sting / Pain / Itch Reliever Triple Antibiotic Ointment, Benadryl: spray / gel / lotion, Aloe Lotion, 3% Hydrogen Peroxide, Sting/Bite Kit, Sting Kill	

PROVIDER INFORMATION: HEALTH / DENTAL / INSURANCE

Primary Care Provider: _____

Office/Practice: _____ Phone: _____

Dentist: _____

Dental Office: _____ Phone: _____

Type of Health Insurance: HMO Medicaid No Health Insurance Other: _____

If the student is covered by Medicaid, provide Medicaid number: _____

EMERGENCY CONSENT Gettysburg Montessori Charter School will attempt to reach the parent / legal guardian or emergency contact during a medical emergency. If none of these people can be reached, GMCS personnel have my permission to administer lifesaving care & call 911. I understand that neither GMCS nor the person responsible for obtaining medical aid will be responsible for any expense incurred.

Parent/Guardian Signature _____ **Date** _____

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